Attorney Docket No.

DECLARATION AND POWER OF ATTORNEY



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

IP ROUTING LOOKUP SCHEME AND SYSTEM FOR MULTI-GIGABIT SWITCHING ROUTERS

he specification of w	vnich ((cueck one)	
Ţ	}	is attached hereto	
[x }	was filed on	February 1, 1999 as Application
		Serial No.	09/240,833 and was amended on
			(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty of disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, section 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

			Priority Claim	
(Number)	(Country)	(Day/Month/Year filed)	Yes No	
(Number)	(Country)	(Day/Month/Year filed)	Yes No	
(Number)	(Country)	(Day/Month/Year filed)	Yes No	

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Page 1 of 3

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DECLARATION AND POWER OF ATTORN

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States Provisional application(s) listed below:

application(s) listed below:		·
P	PRIOR PROVISIONAL APPLIC	2NOITA:
(application sarial number)	(Mo	onth / Day / Year filed)
(application serial number)	(M	ionth / Day / Year filed)
application(s) listed below and, not disclosed in the prior United 35. United States Code, section	insofar as the subject matter of Sates application in the mannance. 112. I acknowledge the duty to gulations, section 1.56 which be	Code, section 120 of any United States of each of the claims of this application is the provided by the first paragraph of Title to disclose material information as defined ecame available between the filing date of this application: Status — patented,
Application Serial No.	Filing Date	pending, abandoned
made on information and belie the knowledge that willful fals or both, under Section 1001 o	ef are believed to be true; and fi se statements and the like so ma	knowledge are true and that all statements urther that these statements were made with ade are punishable by fine or imprisonment, Code and that such willful false statements issued thereon.
I hereby appoint Thomas T. I and employee of Powell, Go attorney with full power of subusiness in the Patent and To Office to direct all correspon	Moga, Reg. No. 34,881, and endeten, Frazer & Murphy, LL substitution and revocation, to predemark Office connected the	ach principal, attorney of counsel, associated. P, who is a registered Patent Attorney, my prosecute this application and to transact all trewith. I request the Patent and Trademark tive to this application to Powell, Goldstein,
Full name of sole or first Inventor's signature:	EY 2, LANE 51, CHING TA WES	T YARD, SHIH PIN RD., EAST DIST.,
Doct Office Address NO.	10 ATTOW 2 TANK & BILCHI	NG ST., HSINCHU-TAIWAN_R/U.G.

DECLARATION AND POWER OF ATTORNEY

ull name of second joint inventor, if any: Shi-Ming ZHAO	
eventor's signature: Shi - Minn Zhao	
W. alimit	
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Cost Office Address: NO.10, ALLEY 3, LANE 6, FU CHUNG ST., HSINCHU, TAIWAN, R.O.C.	
Full name of third joint inventor, if any:	
nventor's signature:	
Date:	
Residence:	
Citizenship:	
Post Office Address:	
Full name of fourth joint inventor, if any:	
T	
Date:	
Residence:	
Citizenship:	-
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Full name of fifth joint inventor, if any:	
Inventor's signature:	
Date:	
Residence:	
Citizenship:	
Post Office Address:	
rost Office Address:	
Full name of sixth joint inventor, if any:	
Inventor's signature:	
Date:	
Residence:	
Citizenship:	
Post Office Address'	